

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Erik Pritzl, Executive Director

MEETING OF THE HUMAN SERVICES BOARD

Thursday, June 13, 2019

5:15 PM

**SOPHIE BEAUMONT BUILDING
111 N JEFFERSON STREET; BOARDROOM A
GREEN BAY, WI 54301**

AGENDA

1. Call Meeting to Order
2. Approve/Modify Agenda
3. Approve Minutes of May 9, 2019 Human Services Board Meeting
4. PUBLIC HEARING ON 2020 BUDGET
5. Executive Director's Report
6. CTC Administrator Report including NPC Monthly Report*
7. Review/Approve CTC QAPI Policy and Plan*
8. Financial Report for Community Treatment Center and Community Services
9. Statistical Reports.
 - a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Center/Bayshore Village*
 - b. Child Protection Services – Child Abuse/Neglect Report
 - c. Monthly Contract Update*
10. Request for New Non-Contracted Provider & New Provider Contract*
11. Communication Regarding Human Services Board Attendance
12. Communication Regarding Human Services Board Officers Election
13. Other Matters
14. Adjourn Business Meeting

** Note: Attached as written reports.*

Notices:

Notice is hereby given that action by the Human Services Board may be taken on any of the items, which are described or listed in this agenda.

Please take notice that additional members of the Board of Supervisors may attend this meeting of the Human Services Board, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

Any person wishing to attend the Human Services Board meeting who, because of a disability, requires special accommodations, should contact the Health & Human Services Department at (920) 448-6006 by 4:30 p.m. on the day before the meeting so arrangements can be made.

Human Services Board Members:

Tom Lund, County Board Supervisor & Board Chair
Aaron Linssen, County Board Supervisor
Alex Tran, County Board Supervisor
Paula Landrie, Citizen Board Member & Vice Chair
Craig Huxford, Citizen Board Member

Susan Hyland, Citizen Board Member
Laura McCoy, Citizen Board Member
VACANT, Citizen Board Member
VACANT, Citizen Board Member

BROWN COUNTY HEALTH & HUMAN SERVICES

Brown County Community Treatment Center
3150 Gershwin Drive
Green Bay, WI 54305-2188



Samantha Behling, Interim Hospital & Nursing Home Administrator

Phone (920) 391-4701 Fax (920) 391-4872

NPC Monthly Report- May 2019

1. **Summary of Patient Grievances/Complaints-** There was one grievance filed within May 2019. An N.P.C. client was distrustful of cameras installed on the unit. The cameras to which the individual was concerned were not in use. The client requested a room relocation which was immediately granted.
2. **Federal/State Regulatory Concerns-** There were no complaint surveys or self-reports submitted on behalf of N.P.C. or Bayshore Village Nursing Home within May. On June 3rd, Bayshore Village submitted an incident to the Division of Quality Assurance on an elopement incident. A resident took his motorized scooter off of the facility grounds. There was no harm or injury. The resident was returned to the facility with elopement risk precautions initiated. There will be further analysis of events and staff education.
3. **Survey Readiness-** Facility personnel, as well as, Infection Control have been requested to conduct walk-throughs of inpatient units in order to identify environmental modifications required prior to survey.
4. **Detoxification Unit Deliberation-** Conference call discussion arranged with the Department of Health Services, Division of Quality Assurance to review proposed detoxification program addition to Bay Haven, C.B.R.F. A DHS Listening Session was attended in order to learn about proposed DHS 75 changes which may possibly occur in 2020.
5. **Crisis Center Addition Planning-** The Crisis Center, along with Brown County Community Treatment Center personnel continue efforts in planning and coordination of crisis counseling/evaluation services at B.C.C.T.C. In addition to structural planning, process reviews will occur with a goal of seamless transition

to mental health services. There is plan to include an on-site registered nurse position to conduct basic medical screening.

6. **Approval of Medical Staff appointments**- There were no medical staff appointments this month.
7. **Other Business**- A local Emergency Department physician, along with Brown County's Medical Team and Psychiatry Team will be providing an in-service in June to educate and clarify the Medical Clearance Procedure for Brown County healthcare personnel. The intent is to ensure a standardized process is utilized to determining the degree of medical screening and promote physician to physician communication when appropriate. The community goal is to reduce or eliminate emergency department time, as well as, a reduce law enforcement time when an individual is assessed to be medically stable. This will also benefit the clients by a quick connection to psychiatric services.

Respectfully submitted by: Samantha Behling



Origination:	06/2017
Last Approved:	04/2019
Last Revised:	04/2019
Next Review:	04/2021
Owner:	Dawn LaPlant
Policy Area:	QAPI
References:	

Quality Assurance Performance Improvement

POLICY:

It is the policy of Brown County Community Treatment Center to participate in a Quality Assurance and Performance Improvement program on an ongoing basis.

SCOPE/INTENT:

The purpose of the Quality Assurance/Assessment and Performance Improvement (QAPI) Program is to utilize an ongoing, data driven, proactive approach to advance the quality of life and quality of care for all Clients/Residents at Brown County Community Treatment Center. Quality Assurance and Performance Improvement principles will drive the facility's decision making to promote excellence in all Clients/Residents and staff-related areas. All facility staff, families/representatives, and Clients/Residents will be encouraged to be involved in identifying opportunities for improvement, partake in QAPI teams, imbed QAPI activities in all core processes, and provide ongoing feedback.

ROLE AND RESPONSIBILITIES IN QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

MEMBERSHIP:

The QAPI committee is led by the QAPI Coordinator and QAPI Chair. The committee is comprised of members of the facilities multidisciplinary team:

QAPI Coordinator: Hospital and Nursing Home Administrator

QAPI Chair: Health Information Services Manager

Committee Members:

- Health & Human Services Director
- Medical Director or Designee
- Clinical Director
- Director of Nursing - Nicolet Psychiatric Center
- Director of Nursing – Bayshore Village
- Social Services Manager or Designee
- Nutritional Services Coordinator
- Food Services Manager
- Housekeeping/Facilities Manager
- Nurse Educator/Infection Preventionist
- Accounts, Billing, or Collections (ABC) Supervisors

- Therapeutic Recreational Services Manager
- EMR Coordinator
- Pharmacy Representative
- MDS Coordinator
- Health & Human Services Board Representative
- Other Ad Hoc members – for example, direct care staff

MEETINGS:

Meetings will be held at least quarterly. Other meetings may be scheduled in addition to the quarterly meetings.

PROGRAM SCOPE AND DESIGN:

The QAPI Program is designed to be ongoing, comprehensive, and address the full range of care and services provided by the facility.

We will utilize best available evidence to define and measure indicators of quality and facility goals.

PROGRAM FEEDBACK, DATA SYSTEMS, AND MONITORING:

The facility will maintain effective systems to obtain and use feedback and input from direct care staff, other staff, Clients/Residents, and Client/Resident Representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.

The facility will maintain effective systems to identify, collect, and use data and information from all departments and including how such information will be used to develop and monitor performance indicators.

The facility will develop, monitor, and evaluate performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

The facility will monitor adverse events, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

PROGRAM SYSTEMATIC ANALYSIS AND SYSTEMATIC ACTION:

The facility will take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

This will include:

- How we will use a systematic approach to determine underlying causes of problems impacting larger systems;
- How we will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
- How we will monitor the effectiveness of our performance improvement activities to ensure that improvements are sustained.

PROGRAM ACTIVITIES:

The facility will set priorities for our performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, Client/Resident safety, Client/Resident autonomy, Client/Resident choice, and quality of care.

Performance improvement activities will track medical errors and adverse Client/Resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

Our facility will conduct distinct performance improvement projects. The number and frequency of improvement projects conducted will reflect the scope and complexity of our services and available resources. Improvement projects will include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis.

GOVERNANCE AND LEADERSHIP:

The governing body and/or executive leadership is responsible and accountable for ensuring that:

- An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.
- The QAPI program is sustained during transitions in leadership and staffing;
- The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;
- The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to Clients/Residents based on performance indicator data, and Client/Resident and staff input, and other information.
- Corrective actions address gaps in systems, and are evaluated for effectiveness; and
- Clear expectations are set around safety, quality, rights, choice, and respect.

DISCLOSURE OF INFORMATION:

A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the regulatory requirements.

SANCTIONS:

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

FUNCTION:

The QAPI Committee will develop a plan that includes department quality assurance audits, performance improvement projects, meeting structures, data collection methods, and other information as needed. Other functions of the QAPI Committee include but are not limited to:

- Design and maintain QAPI structure and processes that support continuous quality improvement, including measurement, analysis, intervention and re-measurement.
- Comply and coordinate with state and federal regulations, facility policies, and standards as set forth by other regulatory or accrediting bodies.
- Establish clinical and service monitors and guidelines that reflect epidemiological characteristics of the Client/Residents, including benchmarks and performance goals for periodic monitoring and evaluation.
- Establish priorities for the investigation and resolution of concerns and problems focusing on those with the greatest potential impact on Client/Resident care outcomes and Client/Resident satisfaction.
- Ensure safety specifically through monitoring medication errors and adverse events. Complete root-cause analysis and implement preventative action.
- Define, implement, evaluate, and document the effectiveness of corrective actions as related to Client/Resident care improvement.
- Ensure coordination and integration of all QAPI activities by means of a QAPI Committee through which

information from clinical services will be exchanged and evaluated.

- Provide and promote educational opportunities to all staff related to the principles and methods of CQI (Continuous Quality Improvement).
- Encourage participation in performance improvement projects by staff on all levels.

OVERSIGHT

The QAPI Coordinator will provide a written summary report of QAPI activities to the Governing Body on a quarterly basis. The QAPI summary report will include QAPI data, subsequent actions, and outcomes.

REFERENCES:

CMS Conditions of Participation: 482.21 and 483.75.

Attachments:

BSV QAPI Plan.docx
NPC QAPI Plan .docx
QAPI Policy Definitions.docx

Approval Signatures

Approver	Date
Edward Somers: Administrator	04/2019
Dawn LaPlant	04/2019

DEFINITIONS:

"Adverse Events": An adverse event is defined as an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof, which includes near misses.

"Corrective Action": A written and implemented plan of action for correcting or improving performance in response to an identified quality deficiency. Use of the term corrective action in this guidance is not synonymous with a Plan of Correction (formal response to cited deficiencies). This is also separate from the written QAPI plan.

"High Risk, High Volume, Problem-Prone":

"High risk": Refers to care or service areas associated with significant risk to the health or safety of residents, e.g., tracheostomy care; pressure injury prevention; administration of high risk medications such as warfarin, insulin, and opioids.

"High Volume": Refers to care or service areas performed frequently or affecting a large population, thus increasing the scope of the problem, e.g., transcription of orders; medication administration; laboratory testing.

"Problem-prone": Refers to care or service areas that have historically had repeated problems, e.g., call bell response times; staff turnover; lost laundry.

"Near Miss": A potential harm event that did not reach a resident.

"Plan Do Study Act (PDSA) Cycle": An iterative four-step improvement method used to quickly test change in a process, resulting in continuous improvement. Also known as a Deming cycle, rapid-cycle improvement, or Plan Do Check Act (PDCA) cycle.

"Quality Assurance and Performance Improvement (QAPI)": Nursing home QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families, and all nursing home caregivers in practical and creative problem solving.

- **Quality Assurance (QA):** QA is the specification of standards for quality of care, service and outcomes, and systems throughout the facility for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going and both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.

- **Performance Improvement (PI):** PI (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to improve services or outcomes, and prevent or decrease the likelihood of problems, by identifying opportunities for improvement, and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI in nursing homes aims to improve facility processes involved in care delivery and enhanced resident quality of life. PI can make good quality even better.

"Quality Deficiency (or Opportunity for Improvement)": A deviation in performance resulting in an actual or potential undesirable outcome, or an opportunity for improvement. A quality deficiency is anything the facility considers to be in need of further investigation and correction or improvement. Examples include problems such as medical errors and accidents, as well as improvement opportunities such as responses to questionnaires showing decreased satisfaction. This term is not necessarily synonymous with a deficiency cited by surveyors, but may include issues related to deficiencies cited on annual or complaint surveys.

**Brown County Health and Human Services Department
Community Treatment Center**

Quality Assurance and Performance Improvement Plan

1. Introduction and Background

The current Brown County Community Treatment Center (BCCTC) began in 1857 as the Mental Health Center and county poor farm. In 1881, the State of Wisconsin passed legislation authorizing counties to care for their mentally insane. The facility was renamed to the Brown County Asylum with the addition of a second building to the poor farm. By 1930 several more buildings had been added and there were 140 patients in residence. In 1962, the hospital began to admit mentally ill patients. The first children were admitted in 1968. In 1971, an adult alcohol and drug abuse unit was opened. Brown County converted the hospital to a Mental Health Center in 1972. In 1975, the entire facility was reorganized into a 190 bed nursing home and an 88 bed acute psychiatric inpatient hospital. In October of 2009, Brown County moved into a newly constructed building named the Brown County Community Treatment Center.

Today the Community Treatment Center is comprised of a 63 bed skilled nursing facility for adults, 16 bed acute care, inpatient psychiatric hospital for adults, and 15 bed crisis stabilization CBRF for adults. All of the programs are accredited by the State of Wisconsin.

BCCTC is a division of the Brown County Human Services Department.

2. Mission Statement

The mission of the Health & Human Services Department is to provide a comprehensive array of services to Brown County residents experiencing an infirmity of aging, developmental disability, mental illness, alcohol or other drug abuse; or requiring public assistance, child welfare and/or family based social services. Programs of the department aim to maximize physical, mental, social, and economic well-being.

The Health & Human Services Department ensures the provision of accessible, high-quality and cost-effective practice in Brown County. Through a network of provider agencies, consumers and families, the department is committed to maximizing the effective use of available funds through responsible management and financial oversight, developing responsive, community-based systems of care which promote consumer and family involvement in decisions; fostering the development of a recovery-oriented deliver program that monitors processes, procedures and outcomes related to the quality of care provided by the department and its agency partners; and implementing evidence-based system; developing a quality management program that monitors processes, procedures and

outcomes related to the quality of care provided by the department and its agency partners; and implementing evidence-based practices.

3. Vision statement

BCCTC will distinguish itself as a leader in redefining health care by providing quality care so residents/clients can maintain their dignity, independence, and develop to their full potential.

Growth: We are committed to continuous quality improvement and empower all to develop to their full potential.

Respect: The expected understanding and dignified care of a diverse Humanity.

Accountability: We are ethically responsible to all we serve and each other. We provide quality care in a cost effective manner consistent with health care standards.

Care: We are dedicated to individualized care with client/resident and client/family centered compassion.

Enthusiasm: We are committed to celebrating our work in order to bring hope to all people.

The philosophy of BCCTC is to:

- Promote and enhance the autonomy and dignity of our consumers by providing quality services which contribute to their physical, psychological, social, and emotional well-being;
- To provide the highest quality of individualized care to our consumers;
- To deliver services in the least restrictive environment possible;
- To work as a team, with a positive attitude and mutual respect, uniting staff, residents and family members in a commitment to excellence in achieving the mission;
- To assist our consumers, when possible, to attain a level of independence enabling them to return to the community; and
- To coordinate planning with other organizations in the community to prepare for the emerging changes in health care and long term care.

4. Goal

The purpose of the Quality Assurance/Assessment and Performance Improvement (QAPI) Program is to utilize an ongoing, data driven, proactive approach to advance the quality of life and quality of care for all Clients at Brown County Community Treatment Center. Quality Assurance and Performance Improvement principles will drive the facility's decision making to promote excellence in all Clients and staff-related areas. All facility staff, families/representatives, and Clients will be encouraged to be involved in identifying opportunities for improvement, partake in QAPI teams, imbed QAPI activities in all core processes, and provide ongoing feedback.

5. Scope of the QAPI Program

All departments and services provided by the facility will be included in quality improvement activities and will be included on the QAPI Team. The QAPI Committee will work collaboratively with sub-committees and other organizations as necessary to ensure a comprehensive approach.

Departments will include but are not limited to:

- Administration
- Medical Staff
- Nursing, Hospital
- Nursing, Skilled Nursing Facility
- Education & Infection Control
- Social Services
- Health Information Management
- Accounts, Billing, Collections
- Food and Nutrition Services
- Laboratory Services
- Housekeeping Services
- Facilities Management
- Therapeutic Recreational Services
- Pharmacy

Other departments and contracted services may be included as applicable.

6. Objectives

- Design and maintain QAPI structure and processes that support continuous quality improvement, including measurement, analysis, intervention and re-measurement.
- Comply and coordinate with state and federal regulations, facility policies, and standards as set forth by other regulatory or accrediting bodies.

- Establish clinical and service monitors and guidelines that reflect epidemiological characteristics of the clients, including benchmarks and performance goals for periodic monitoring and evaluation.
- Establish priorities for the investigation and resolution of concerns and problems focusing on those with the greatest potential impact on client care outcomes and client satisfaction.
- Ensure client safety specifically through monitoring medication errors and adverse patient events. Complete causal analysis and implement preventative action.
- Define, implement, evaluate, and document the effectiveness of corrective actions as related to client care improvement.
- Ensure coordination and integration of all QAPI activities by means of a QAPI Committee through which information from clinical services will be exchanged and evaluated.
- Provide and promote educational opportunities to all staff related to the principles and methods of CQI (Continuous Quality Improvement).
- Encourage participation in performance improvement projects by staff on all levels.

7. Data Collection

Clinical indicators must be comprehensive, objective and reflect current identified problematic areas. Data will be collected by sub-committees on a routine basis, trended, and must evidence interventions and improvements in problematic areas. Outcome based measurable plans must be identified.

QAPI committee members will use standardized forms. Departments will use SMART goals to write quality assurance benchmarks. Departments will use a PDSA type form to identify and track performance improvement projects. When the need is identified, Performance Improvement Projects (PIPs) will be implemented to improve processes, systems, outcomes, and satisfaction. We will develop SMART Goals, use FOCUS PDSA, and Root Cause Analysis processes. Data will be reported to the QAPI Committee at least quarterly.

8. Meeting Schedule

Meetings will be held quarterly, with additional meetings scheduled as needed.

9. Confidentiality

All data collected, processed, and reviewed through the QAPI Team and subcommittees shall remain confidential.

10. Program Evaluation

The QAPI Team will review the performance improvement program at least annually for evidence of achievement of objectives and the effectiveness of the scope and organization.

11. Authority

The Governing Body of the hospital will have one member designated to participate in the QAPI committee. In addition, the QAPI Coordinator or designee will provide a written summary report of QAPI activities to the Governing Body on a quarterly basis. The QAPI summary report will include QAPI data, subsequent actions, and outcomes. The Governing Body will ensure that the facility:

- Includes all departments and services including contracted services;
- Includes relevant indicators specific to the facility's patient population and directly related to improved health outcomes and medical error prevention and reduction;
- Uses an appropriate method to measure, analyze, and track quality indicators at an appropriate frequency using detailed data collection methods;
- Evaluates the services furnished directly by the facility including contracted services;
- Identifies quality and performance problems, implements relevant action steps, and conducts effective monitoring to show measureable progress and maintenance action steps;
- Uses appropriate methods and consistent forms to ensure documentation of multidisciplinary QAPI activities including maintenance of data, development and implementation of action plans, review of effectiveness of QAPI activities, and revision/re-evaluation of implemented actions;
- Uses multiple sources of data to evaluate patient care quality including but not limited to medical records, hospital information systems, peer review organization data, and third party payer information;
- Selects appropriate individuals to comprise the QAPI committee including representation from the Governing Body, medical staff, contracted services providers, hospital administration, and all departments;
- Mandates attendance of QAPI meetings by appropriate staff who comprise the QAPI committee;
- Completes root cause analysis for sentinel events/adverse outcomes/high risk and high volume conditions; and

- Includes a member of the Governing Body (one member of the Human Services Board) on the QAPI committee.

The Governing Body reserves the right to intervene and take any necessary corrective action in the facility if the facility fails to comply with QAPI policies and requirements.

QAPI PROGRAM STRUCTURE:

QAPI COMMITTEE:

The QAPI committee is led by the QAPI Coordinator and QAPI Chair. The committee is comprised of members of the facilities multidisciplinary team.

QAPI Coordinator: Hospital & Nursing Home Administrator

QAPI Chair: Health Information Services Manager

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|---|--|
| • Administrator | • Food Services Supervisor |
| • Health & Human Services Director | • Nutrition Services Coordinator |
| • Health & Human Services Board Member (Governing Body) | • Housekeeping Manager |
| • Medical Director | • Facilities Manager |
| • Clinical Director | • Nurse Educator/Infection Preventionist |
| • Director of Nursing, Hospital | • Accounts, Billing, Collections (ABC) Supervisor(s) |
| • Director of Nursing, SNF | • Rec Therapy Services Manager |
| • Health Information Services Manager | • EMR Coordinator |
| • Social Services Manager | • Pharmacy Representative |

Committee members understand that attendance is mandatory and that if they are unable to attend a scheduled meeting they will send a designee or submit a written report in their place.

COMMITTEE ROLE AND METHODS:

- A. The Department Managers will submit separate QAPI action plans to the committee with identified measureable objectives and goals.
- B. Identify quality and performance problems based on complaints received, occurrence reporting, and new services offered.
- C. The committee will assist the sub-committee chairpersons to develop a performance improvement plan if a facility-wide substandard trend is identified.
- D. The committee will provide over-site and review of subcommittee projects and data.

- E. The QAPI committee chair and/or coordinator will review information with the medical staff at the Medical/Psychiatric staff meeting.
- F. The committee will review all data related to departmental audits.
- G. The committee will review all sentinel events and assure the recommendations for improvement have been met.
- H. The committee will conduct client surveys, review complaints and ensure customer satisfaction. Results will be reported at QAPI committee meetings. Trends will be identified and action plans developed for areas of concern.

Describe how a Non-Punitive Culture for staff will be implemented.

We believe in the practices and principles of a non-punitive culture. All leadership will promote staff involvement. Staff will be encouraged to bring concerns, issues, and opportunities for improvement to any leadership member. Staff will be encouraged to report errors and near misses to allow the organization to learn from those occurrences and make system changes to prevent recurrences. Staff will be held accountable for their behavioral choices and reckless behavior will not be tolerated. Our goal is to improve the systems that drive our actions.

Describe how QAPI will be adequately sourced.

QAPI activities will be supported through staff time for being involved in Performance Improvement Projects and meetings, staff training and education, and staff participation in QAPI Committee meetings. The Administrator and QAPI committee will work together to review budgetary needs and share decision making regarding performance improvement projects.

Community Treatment Center QAPI Subcommittees:

These committees report to the QAPI committee for review and improvement planning.

- 1) Safety and Risk Management Committee
- 2) Infection Control Committee
- 3) Psychiatric/Medical Staff Meeting
- 4) Utilization Review Committee

**BROWN COUNTY COMMUNITY TREATMENT CENTER
BAYSHORE VILLAGE NURSING FACILITY
QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN**

1. Purpose of our Organization's Quality Assurance Performance Improvement Plan

Mission Statement:

The mission of the Health and Human Services Department is to provide a comprehensive array of services to Brown County Residents experiencing an infirmity of aging, developmental disability, mental illness, alcohol or other drug abuse; or requiring public assistance, child welfare and/or family based social services. Programs of the department aim to maximize physical, mental, social, and economic well-being.

The Health and Human Services Department ensures the provision of accessible, high-quality and cost-effective practice in Brown County. Through a network of provider agencies, the department is committed to maximizing the effective use of available funds through responsible management and financial oversight, developing responsive, community-based systems of care which promote consumer and family involvement in decisions; fostering the development of a recovery-oriented delivery program that monitors processes, procedures and outcomes related to the quality of care provided by the department and its agency partners; and implementing evidence-based system; developing a quality management program that monitors processes, procedures and outcomes related to the quality of care provided by the department and its agency partners; and implementing evidence-based practices.

Vision statement

BCCTC will distinguish itself as a leader in redefining health care by providing quality care so Residents can maintain their dignity, independence, and develop to their full potential.

Growth: We are committed to continuous quality improvement and empower all to develop to their full potential.

Respect: The expected understanding and dignified care of a diverse Humanity.

Accountability: We are ethically responsible to all we serve and each other. We provide quality care in a cost effective manner consistent with health care standards.

Care: We are dedicated to individualized care with client/Resident and client/family centered compassion.

Enthusiasm: We are committed to celebrating our work in order to bring hope to all people.

Our organization's written Quality Assurance Performance Improvement (QAPI) plan provides guidance for our overall quality improvement program. Quality Assurance Performance Improvement principles will drive the decision making within our organization. Decisions will be made to promote excellence in quality of care, quality of life, Resident choice, person directed care, and Resident transitions. Focus areas will include all systems that affect Resident and family satisfaction, quality of care and services provided, and all areas that affect the quality of life for persons living and working in our organization.

The Administrator will assure that the QAPI plan is reviewed on an annual basis by the QAPI committee. Revisions will be made to the plan on an ongoing basis, as the need arises, to reflect current practices within our organization. These revisions will be made by the QAPI Committee.

Revisions to the QAPI plan will be communicated on an ongoing basis to the Governing Body, and others as applicable.

2. List of Services You Provide to Residents.

QAPI activities will be integrated across all the care and service areas of our organization. Each area will have a Representative on the QAPI committee.

Our service areas include:

- Dementia Care
- Hospice - contract
- Long Term Care
- Emergency Protective Placement
- Mental Health
- Developmental Disability

3. Describe How Your QAPI Plan Will Address Key Issues.

All departments and services will be involved in QAPI activities and the organization's efforts to continuously improve services. The principles of QAPI will be taught to all staff and the Governing Body on an ongoing basis. QAPI activities will aim for the highest levels of safety, excellence in clinical interventions, and Resident and family satisfaction. All organizational decisions involving Residents will be focused on their autonomy, individualized choices, and preferences, and to minimize unplanned transitions of care. The organization will partner with each Resident, their family, and/or Resident Representative to achieve their individualized goals and provide care that respects their autonomy, preferences and choices.

When the need is identified, we will implement Performance Improvement Projects (PIPs) to improve processes, systems, outcomes, and satisfaction. We will develop SMART Goals, use FOCUS PDSA, and Root Cause Analysis processes.

4. Current Quality Assurance Activities.

The QAPI committee will review data from areas the organization believes it needs to monitor on an ongoing basis to assure systems are being monitored and maintained to achieve the highest level of quality for our organization. The Department Managers will submit separate QAPI action plans to the committee with identified measureable objectives and goals. The plan is reviewed and updated quarterly by the QAPI Committee.

5. Best Available Evidence.

Our organization will utilize the best available evidence, such as regional, state and national benchmarks, recognized best practices from professional organizations, clinical guidelines published to compare against, establish goals for improvement, and define measurements to show improvement.

6. Responsibility and Accountability.

The Nursing Home Administrator has responsibility and is accountable to the Health and Human Services Board for ensuring that QAPI is implemented throughout our organization.

7. Describe how QAPI will be adequately sourced.

QAPI activities will be supported through staff time for being involved in Performance Improvement Projects and meetings, staff training and education, and staff participation in QAPI Committee meetings. The Administrator and QAPI committee will work together to review budgetary needs and share decision making regarding performance improvement projects.

8. Determine the plan for mandatory QAPI staff training and orientation.

QAPI principles and staff responsibilities related to QAPI and ongoing quality improvement will be included in orientation for all new employees. All staff will participate in ongoing annual QAPI training which will include quality improvement principles and practices, how to identify areas for improvement, updates on current performance improvement projects, and how they can be involved in performance improvement projects.

9. Framework for QAPI.

The QAPI Committee will be led by the QAPI Coordinator that is assigned to the Nursing Home Administrator along with the QAPI Chair that is assigned to the Health Information Manager. QAPI Committee membership will include the Administrator, Department Managers, the Director of Nursing, Infection Control and Prevention Officer, the Medical Director, consulting pharmacist, and additional staff, as applicable. The QAPI committee will meet at least quarterly. QAPI activities and outcomes will be reviewed at staff meetings and shared with Residents/Resident Representatives through their respective councils and communications. The QAPI committee will report all activities to the Governing Body at least quarterly during their meeting. An annual assessment of the program will be reported to the Governing Body.

The committee will have responsibility for reviewing data, suggestions, and input from Residents, staff, family members, and other stakeholders. The QAPI committee will prioritize opportunities for improvement and determine which performance improvement projects will be initiated. The committee will solicit individuals from the organization to conduct performance improvement projects. The committee will monitor progress, provide input, and ensure the individuals involved in the project have the resources they need. The QAPI committee will use a charter for all QAPI projects.

10. Determine how the QAPI activities will be reported to the governing body.

The administrator will facilitate discussion on QAPI activities at the Governing Body meetings. QAPI will be a standing agenda item for these meetings. Input will be solicited from the Governing Body on QAPI activities. That Governing Body will support and advise the activities of the QAPI Committee.

11. Describe how a Non-Punitive Culture for staff will be implemented.

We believe in the practices and principles of a non-punitive culture. All leadership will promote staff involvement. Staff will be encouraged to bring concerns, issues, and opportunities for improvement to any leadership member. Staff will be encouraged to report errors and near misses to allow the organization to learn from those occurrences and make system changes to prevent recurrences. Staff will be held accountable for their behavioral choices and reckless behavior will not be tolerated. Our goal is to improve the systems that drive our actions.

12. Identify Data Sources to Analyze Performance, Identify Risk, and Collect Feedback/Input

Our organization will identify frequency of data collection and data analysis, targets/benchmarks, and expectations to communicate data analysis. We will reference best practices, regional/state/federal targets and benchmarks, professional organization targets and benchmarks, and survey and satisfaction feedback as data sources. Focus will include:

- Clinical and service monitors and guidelines that reflect epidemiological characteristics of the Residents. Opportunities with the greatest potential impact on Resident care outcomes and Resident satisfaction.
- Ensure Resident safety specifically through monitoring medication errors and adverse Resident events.
- Resident Council may review concerns to identify trends and action plans developed for areas of concern.
- The QAPI Committee will focus on areas that are high risk, high volume, or problem prone.

13. How our Organization will identify topics, prioritize, develop, designate, conduct, document, and communicate Performance Improvement Projects

- Topics will be identified focusing on those with the greatest potential impact on Resident care outcomes and Resident satisfaction and quality of life; focusing on Resident safety such as medication errors; high risk/high volume services; focusing on best practice standards.
- The QAPI Committee will collect data from sub-committees and this will be reported at the quarterly QAPI meeting to identify any trends for further monitoring
- Priority will be given to areas we define as high-risk to Residents and staff, high-prevalence, or high-volume areas, and areas that are problem-prone.
- A project charter will be developed for each Performance Improvement Project at the beginning of the project that clearly establishes the problem statement, goals, scope, timing, milestones, team roles, and responsibilities. The PIP charter will be developed by the team that will carry out the PIP in collaboration with the QAPI Committee.
- When designating a PIP team, the QAPI committee will ensure that the team is interdisciplinary, there is representation from each job role that is affected by the project, and Resident and/or family member representation is included, if appropriate.
- The responsibilities for the PIP teams will be to determine what information is needed for the PIP and how to obtain the information. They will determine a timeline based on the PIP Charter. The team will develop an action plan using the PIP documentation tool. The team will use root cause analysis to ensure that the root cause and contributing factors are identified. When determining and implementing interventions, PDSA cycles will be used to assure improvements are maintained. The team will select and/or create measurement tools to ensure that the changes they are implementing are having the desired effect.
- For ongoing monitoring of the PIP, information will be shared at the quarterly QAPI Committee meeting, various department staff meetings, and governing body meetings.

14. Describe your systematic approach and tools.

Our facility uses a systematic approach to determine when in-depth analysis is needed to fully understand identified problems, causes of the problems, and implications of a change. To get at the underlying cause(s) of issue, we bring teams together to identify the root cause and contributing factors using root cause analysis tools.

15. Describe your approach to preventing future events and promoting sustained improvement.

To prevent future events and promote sustained improvement our organization develops actions to address the identified root cause and/or contributing factors of an issue/event that will affect change at the systems level. We use Plan-Do-Study-Act cycles to test actions and recognize and address “unintended” consequences of planned changes.

16. Describe your approach to ensuring that planned changes/interventions are implemented and effective.

To ensure the planned changes/interventions are implemented and effective in making and sustaining improvements, our organization chooses indicators/measures that tie directly to the new action and conducts ongoing periodic measurement and review to ensure that the new action has been adopted, performed consistently, and desired outcome sustained.

**BROWN COUNTY COMMUNITY TREATMENT CENTER
MAY 2019 BAY HAVEN STATISTICS**

	MAY	YTD 2019	YTD 2018		MAY	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	44	179	144	AVERAGE DAILY CENSUS	8.1	8.0	7.5
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	252	1202	1133
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	54%	53%	50%
Other - EPP	1	1	6				
TOTAL	45	180	150	DISCHARGES	43	178	142
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	204	1554	864
Readmit within 30 days	1	18	13				
				AVERAGE LENGTH OF STAY	5	8.7	6
IN/OUT	1	8	17				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	39	158	122	Brown	5	7	10
Door	1	6	1	Door	4	7	0
Kewaunee	1	3	1	Kewaunee	5	3	3
Oconto	2	4	7	Oconto	14	8	5
Marinette	0	0	0	Marinette	0	0	0
Shawano	1	5	12	Shawano	7	8	10
Waupaca	0	0	1	Waupaca	0	0	2
Menominee	0	0	0	Menominee	0	0	0
Outagamie	0	1	2	Outagamie	0	0	4
Manitowoc	0	1	1	Manitowoc	0	0	1
Winnebago	0	0	1	Winnebago	0	0	2
Other	1	2	2	Other	5	4	16
TOTAL	45	180	150	TOTAL	5	8	6

**BROWN COUNTY COMMUNITY TREATMENT CENTER
MAY 2019 NICOLET PSYCHIATRIC CENTER STATISTICS**

	MAY	YTD 2019	YTD 2018		MAY	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	7	79	66	AVERAGE DAILY CENSUS	13.7	13.3	10.5
Emergency Detention - Mental Illness	27	151	216				
Return from Conditional Release	8	33	37	INPATIENT SERVICE DAYS	425	2002	1593
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	4	4	BED OCCUPANCY	86%	83%	66%
Other	0	0	0				
TOTAL	42	267	323	DISCHARGES	46	268	323
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	367	1889	1583
Readmit within 30 days	5	31	23				
				AVERAGE LENGTH OF STAY	8	7	5
IN/OUT	1	12	10				
				AVERAGE LOS BY COUNTY			
ADMISSIONS BY COUNTY							
Brown	34	238	267	Brown	10	9	5
Door	2	4	5	Door	7	5	2
Kewaunee	0	2	2	Kewaunee	0	0	1
Oconto	2	5	11	Oconto	15	9	5
Marinette	0	0	7	Marinette	0	0	3
Shawano	1	4	5	Shawano	6	5	2
Waupaca	0	0	0	Waupaca	0	0	0
Menominee	0	1	0	Menominee	0	0	0
Outagamie	2	7	9	Outagamie	7	6	2
Manitowoc	0	1	10	Manitowoc	0	0	2
Winnebago	0	0	0	Winnebago	0	0	0
Other	1	5	7	Other	7	11	6
TOTAL	42	267	323	TOTAL	8	7.8	5

Bayshore Village
May 2019 Statistics

NURSING HOME			
	MAY 2019	Yr to Date 2019	Yr to Date 2018
ADMISSIONS			
From Nicolet Psychiatric Center	1	1	0
From General Hospital	0	0	2
From Nursing Home	0	4	0
From Home	0	0	1
From Residential Care Facilities	0	1	1
Protective Placement	4	11	10
Other	0	0	0
Total	5	17	14
Re-admit from hospital stay (Unit chart was not closed)	0	0	0
DISCHARGES			
To Nicolet Psychiatric Center	0	0	0
To General Hospital	0	0	0
To Nursing Home	0	0	0
To Home	0	0	4
To Alternate Care Programs	0	0	0
To Residential Care Facilities	0	2	5
Expired	0	9	3
Other	0	1	0
Total	0	12	12
Bed Occupancy Including Payable (Bed Hold Days)	96.7	95.2	96.7
D/C to Hospital (Unit chart not closed)	0	0	0
Total Service Days			
SNF - (Skilled Nursing Facility)	1888	9037	9164
Paid Bed Hold Days	0	0	62
Total Payable Days	1888	9037	9226
Unpaid Bed Hold Days	0	14	0
Total	1888	9051	9226
Number days D/C to hospital (not billable)	0	0	0
Average Daily Census			
Avg Census (Payable Days) (total days/total beds)	96.7	95.0	97.0
Avg Census (All Days) (total days/total beds)	96.7	95.1	97.0
Avg Daily Census Bayshore Village(63 Beds)	60.9	60.1	61.5
** Nursing Home client with DD1A Level of Care			

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 6/4/2019**

Provider	Service(s) Description	Target Client	Contract Not-to-Exceed Amount
101 Mobility (Mobility 101 In Avatar) of Northeast WI	Medical/therapeutic supplies and equipment and home modifications	Children	\$50,000
Acceptational Minds LLC	Living skills for autistic and/or behaviorally-challenged children and their families	Children	\$600,000
A & J Vans Inc.	Vehicle modifications for families with disabled children	Families of disabled children	\$65,000
Adams L AFH	3-4 bed traditional adult family home	MH/AODA	\$62,000
ADL Monitoring Solutions	UA observed collection and transport for veterans treatment court	AODA adults	\$20,000
Advocates for Healthy Transitional Living LLC	Treatment foster care placing agency and respite care	High behavioral needs children	\$930,000
Affinity Health (St. Elizabeth Hospital & Affinity Medical Group)	Inpatient detox services	MH/AODA	\$25,000
Anderson, Campbell Educational Teaching (ACE)	Daily living skills training	Children	\$60,000
Anna's House Assisted Living	CBRF (assisted living)	MH/AODA	\$100,000
ASPIRO Inc.	Birth to 3 services, respite, prevocational training, adult day programming	Children with disabilities	\$695,000
Assisted Living by Hillcrest (Allouez Parkside Village #1 and #2)	CBRF (assisted living) for APS use	At-risk adults	\$75,000
Bellin Health Occupational Health Solutions	Drug screenings and transporting inpatient clients to court	Adult parents	\$10,000
Bellin Psychiatric Center	Inpatient psychiatric and detox services	MH/AODA	\$250,000
Berry House (Robert E. Berry House)	CBRF (assisted living) that takes individuals with backgrounds in violent crimes	MH	\$75,000
Better Days Mentoring	Youth mentoring services, daily living skills	Youth	\$275,000
Boll Adult Care Concepts	Corporate adult family home (assisted living) with CCS services for high needs behavioral health	MH/AODA	\$500,000
Boys' Town (Nebraska) - THEIR CONTRACT; NOT OURS	Care of an extremely high needs CPS child that we cannot find placement for in WI (was placed in New Mexico prior)	Specific CPS Child	
Brotoloc Health Care System	CBRF and corporate adult family homes (assisted living)	PD with MH issues	\$500,000
Caravel Autism Health	Social learning groups for children with social communication challenges	Children	\$17,500
Care for All Ages (CFAA)	CBRF (assisted living), child day care (day care used VERY sparingly)	PD with MH issues	\$35,000
Catholic Charities of the Diocese of GB	Teen Parenting program, fiscal agent services, domestic violence group	Teens	\$160,000
CP Center	Respite and daily living skills	Children with disabilities	\$75,000
Childrens Service Society	Treatment foster care placing agency	Children	\$10,000
Chilleda Institute	Children high-needs residential care center (RCC)	High behavioral needs children	\$175,000
Cisler Construction	Home remodeling/modifications	Families of long-term care children	\$50,000
Clarity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	\$10,000
Clinicare - Milwaukee Academy	Youth high-needs residential care center (RCC)	High behavioral needs children	\$145,000
Communication Pathways LLC	Social learning groups for children with social communication challenges	Children	\$50,000
Compass Development	CBRF (assisted living)	PD with MH issues	\$62,000
Cordoba Residence LLC	1-2 bed corporate adult family home (AKA 'Community Care Home') specializing in 1:1 care	MH needing 1:1 care	\$210,000
Curative Connections	Supportive home care, specialized transportation, prevocational training, daily living skills, CCS services	MH/AODA and LTC children	\$420,000
Curo Care LLC	Corporate adult family homes (assisted living)	PD with MH issues	\$200,000
Deer Path Assisted Living Inc.	CBRF, corporate adult family homes (assisted living)	MH/AODA	\$120,000
Dodge County (DBA Clearview Behavioral Health)	Brain Injury rehabilitation center	Adults w/traumatic brain injury	\$285,000
Dynamic Family Solutions	Family counseling/treatment programs	Families of juvenile offenders	\$30,000
Encompass Child Care	Child day care	Children	\$50,000
Engberg AFH	1-2 bed traditional adult family home	MH	\$22,000

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 6/4/2019**

Provider	Service(s) Description	Target Client	Contract Not-to-Exceed Amount
Exceptional Equestrians	Hippotherapy and therapeutic riding to clients with special needs	Children with disabilities	\$50,000
Expressive Therapies LLC	Music therapy for children	Children	\$28,000
Family Services of Northeast Wisconsin Inc.	CBRF (assisted living), CRISIS Center services, counseling, CCS services	MH/AODA, children	\$2,900,000
Family Training Program	Parenting/family skills training	CPS parents, parents of juvenile offenders	\$290,000
Family Works Programs, Inc.	Treatment foster care placing agency	Children	\$25,000
Foundations Health and Wholeness, Inc.	Treatment foster care placing agency and CCS Services	Children and adults	\$200,000
Friendship House	Group home for juvenile offenders	Juvenile offenders	\$100,000
The Gathering Place	CCS peer support services	MH/AODA	\$25,000
Golden House	Domestic abuse services	Adults in need	\$63,086
Gonzalez AFH	3-4 bed traditional adult family home	PD with MH issues	\$24,000
Goodwill Industries	Prevocational services	PD with MH issues	\$2,500
Green Bay Area Builders	Home remodeling/modifications	Families of long-term care children	\$50,000
Green Bay Transit Commission - NO CONTRACT	Bus passes for transportation to/from school, meetings with parents, etc.	CPS case children and adults	
Greenfield Rehabilitation Agency, Inc.	Birth to 3 services	Children with disabilities	\$510,000
GT Mobility & Services	Vehicle modifications for families with disabled children	Families of disabled children	\$95,000
Helping Hands Caregivers	Supportive home care	PD with MH issues	\$10,000
Home Instead Senior Care	Supportive home care	PD with MH issues	\$8,000
Homes for Independent Living	CBRF (assisted living)	MH	\$200,000
HME Home Medical	Medical and therapeutic supplies and equipment	Children	\$55,000
Improved Living Services	Corporate adult family homes (assisted living), CCS services	MH	\$75,000
Independent Mobility Plus	Medical and therapeutic supplies and equipment	Children	\$50,000
Infinity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	\$95,000
Innovative Services	Corporate adult family home (assisted living), CCS services, daily living skills, supportive home care	High-needs MH	\$1,850,000
Jackie Nitschke Center Inc.	AODA residential and intensive outpatient services	AODA adults and youth	\$150,000
Jacobs Fence	Fence building and repair	Families of long-term care children	\$90,000
KCC Fiscal Agent Services	Payor of client-hired personal care workers		\$950,000
KUEHG - Kindercare	Child day care	Children	\$85,000
Kismet Advocacy	Mentoring, living skills for autistic and/or behaviorally-challenged children and their families	Children	\$280,000
Kimbrough, Ellen AFH	1-2 bed traditional adult family home	MH	\$30,000
Lad Lake	Youth high-needs residential care center (RCC)	High behavioral needs children	\$150,000
Lutheran Social Services	CBRF (assisted living) with CCS services	MH/AODA	\$905,000
Lutheran Social Services (Homme Home)	Youth (all male) high-needs residential care center (RCC)	High behavioral needs children	\$615,000
Macht Village Programs Inc. (MVP)	Respite care, counseling, daily living skills, treatment foster care child placing agency	High behavioral needs children	\$700,000
Matthews Senior Living	CBRF (assisted living)	PD with MH issues	\$55,000
McCormick Memorial Home	CBRF (assisted living)	MH/AODA	\$60,000
Meridian Senior Living (Birch Creek and Bishop's Court)	CBRF (assisted living) for APS use	At-risk adults	\$60,000
Milestones Behavioral Pediatrics	Social learning groups for children with social communication challenges	Children	\$20,000
Moon Beach Camp	Summer camp for children with autism	Children with long-term care needs	\$20,000

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 6/4/2019**

Provider	Service(s) Description	Target Client	Contract Not-to-Exceed Amount
Mooring Programs Inc.	AODA residential services	AODA adults	\$100,000
My Brother's Keeper	Male Mentoring Program	Juvenile males	\$10,000
Mystic Meadows LLC	Corporate AFH (assisted living)	MH/AODA	\$300,000
NEW Community Shelter Inc.	Homeless sheltering services	MH	\$40,000
Northwest Passage	Children high-needs residential care center (RCC)	High behavioral needs children	\$125,000
Nova Counseling Services Inc.	AODA residential services	AODA adults	\$50,000
Nurses PRN Home Care	Skilled nursing services	Children	\$45,000
Oconomowoc Development Training Center	Residential care center (RCC) for juvenile offenders	Juvenile offenders	\$175,000
Options Counseling Services (Koinonia)	AODA residential services	AODA adults	\$35,000
Options for Independent Living Inc.	CCS peer support services, home modification assessments	MH/AODA	\$10,000
Options Treatment Program	AODA treatment, CCS services	AODA youth and adults	\$40,000
Paragon Industries	Daily respite care	Children with long-term care needs	\$250,000
Parmentier AFH	3-4 bed traditional adult family home	MH	\$44,500
Pathways Treatment	AODA residential treatment for dual diagnosis clients	AODA/MH (dual diagnosis)	\$375,000
Pillar and Vine, Inc.	Treatment foster care placing agency	Children	\$25,000
Prevea Health WorkMed	Drug screenings	CPS parents, AODA, JJ youth	\$55,000
Productive Living Systems	Corporate adult family homes, CBRF (assisted living), supportive apartment program	MH/AODA	\$275,000
Productive Living Systems (Pnuma LLC)	CBRF (assisted living)	PD with MH issues	\$120,000
Psychological Consultants of Green Bay	Psychological assessments to determine competency	Elderly, DD	\$25,000
Ravenwood Behavioral Health	Nursing home for high-needs MH clients	High-needs MH	\$100,000
Rawhide, Inc.	Residential care center (RCC) for juvenile offenders	Juvenile offenders	\$500,000
Rehabilitation House	Transitional CBRF (assisted living) for co-occurring AODA/MH	MH/AODA	\$60,000
REM Wisconsin	Corporate adult family home, CBRF (assisted living)	MH, PD with MH issues	\$200,000
Saint A	Treatment foster care placing agency	Children	\$30,000
Social Thinkers	Social learning groups for children with social communication challenges	Children	\$22,500
Smith Receiving Home	Receiving home for emergency placements	Children in need	
Spectrum Behavioral Health	CCS services	Children	\$100,000
St. Vincent Hospital	Birth to 3 services, home delivered meals	Children with disabilities	\$250,000
Tellurian	Residential detox	AODA	\$55,000
Tim Halbrook Builders	Home remodeling/modifications	Families of long-term care children	\$50,000
Tomorrow's Children Inc.	Children high-needs residential care center (RCC)	High behavioral needs children	\$100,000
Treatment Providers LLC (Dr. Fatoki)	Medication Assisted Treatment (MAT) for opioid abuse treatment	AODA	\$60,000
Trempealeau County Health Care	County-run adult family homes, CBRF (assisted living), and institute for mental disease	Very high-needs MH	\$1,400,000
United Translators	Interpreter/translation services	Non-english speaking	\$10,000
VanLanen Receiving Home	Receiving home for emergency placements	Children in need	
Villa Hope	CBRF (assisted living), supportive apartment program	MH/AODA	\$1,400,000
Walking and Wheeling	Medical/therapeutic supplies and equipment and home modifications	Children	\$85,000
Willow Creek Behavioral Health (SBH)	Inpatient psychiatric and detox services	MH/AODA	\$200,000
Wisconsin Family Ties	Family support and advocacy services	Parents of MH/juvenile offenders	\$26,000
Wisconsin Lock and Load Transport	Provides secure transportation to/from GB to other state facilities	MH, JJ	\$42,000

Brown County Health and Human Services
New Non-Contracted and Contracted Providers
 June 3, 2019

REQUEST FOR NON-CONTRACTED PROVIDER			
PROVIDER	SERVICE DESCRIPTION	NOT-TO-EXCEED AMOUNT	DATE
Kirkpatrick & Associates	Counseling for CPS child	\$10,000	5/13/19
Marshfield Properties	Rent for CPS family	\$10,000	5/13/19
Absolute Concrete	Concrete work to allow disabled child access to backyard	\$10,000	5/20/19
Best Invest Properties	Rent for CPS family	\$10,000	5/20/19
Dr. Stress & Associates	Neuropsych evaluation for a behavioral health client	\$10,000	5/21/19
Milwaukee Co. Health & Human Services	Birth to 3 services for a Brown County child placed in Milwaukee County	\$10,000	5/21/19

REQUEST FOR NEW PROVIDER CONTRACT				
PROVIDER	SERVICE DESCRIPTION	TARGET CLIENTS	NOT-TO-EXCEED CONTRACT AMOUNT	DATE